



Meeting Minutes: February 4th Lewis and Clark Community Health Improvement Plan Meeting #2

Meeting Purpose: To develop focus areas in each of the two priority areas, and better understand the leaders and key resources available in each priority area.

Opening and Overview from meeting 1

Introductions	Introductions of group members and Healthy Together Steering Committee
Welcome	Drenda Neimann and the Healthy Together Steering Committee
Overview of Meeting #1	<ul style="list-style-type: none">• Katie Loveland reviewed results from meeting 1 (see slides)• Introduced two health priority areas to structure the CHIP (Early Childhood and Behavioral Health)

Presentation: Collective Impact 101

Presenter	Deb Halliday
Presenter	See slides

Early Childhood

Overview of Early Childhood Data	Presentation of data from the Community Health Report and other sources (see slides)
Overview of Key Early Childhood Initiatives	<ul style="list-style-type: none">• Early Childhood Coalition -Drenda Neimann-see slides• Maternal Mental Health Work Group-Dana Hillyer-see slides• Home Visiting Taskforce-Brent Lashinski• Zero to Five Initiative-Caitlin Jensen-see slides
Early Childhood Community Assets	<ul style="list-style-type: none">• Strong community commitment to collaborative efforts- Working together effectively• Private and public businesses being cognizant of what is sold out of vending machines and providing wellness programs for employers and families- Worksite Wellness Programs• ACE expertise in Helena/ACE trained• Experienced childcare providers- Flexible childcare-Childcare licensing changes-more training-best practices• Capital City Intellect• County Home Visiting-Strong home visiting services and collaboration• Parenting Classes/Education• Notifications, regulations for indoor health• Lewis and Clark Water Quality Protection District• Air Pollution Central District• Proximity and access to state government and agencies• New schools

	<ul style="list-style-type: none"> • Summer reading and feeding programs • WIC/SNAP kid packs • Healthy choices • Lots of available resources • CONNECT referral system • Access to healthcare • Many programs
Early Childhood Challenges/Barriers	<ul style="list-style-type: none"> • Siloed work • Lack of backbone of support to proper resources/CONNECT referral • Lack of early childcare “front door” • Data is not standardized or complete-too many systems • Awareness-knowing what resources exist • Access to affordable childcare • Turnover • Housing-affordable housing (x2) • Immunization myths • Working poor who make too much for assistance • Communicating ACEs-Implementation of ACEs training for healthcare administration and all communications businesses • Trauma informed • Not enough people with lived experience at the table when developing policies • Indoor air quality, lead exposure, safe/clean homes • Community involvement in Big Brothers, Big Sisters • Workforce development and wages for people providing care • Resources limited to provide staffing for assisting high risk population-funding • No heat, no food, lack of acknowledgement of the impact of being low income • Transportation for young children and families • Social determinants of health barriers-housing, food insecurity, parenting skills, lead exposure, educational needs • State and local investment in early childhood • Increased substance use, suicide rates, mental illness • Youth graduation not prepared for adulthood • Military PTSD and suicide rates • Cost of childcare, access to quality care • Best practices are not mandatory across childcare facilities • If quality childcare isn't available, parents can't work and family resources aren't available
Other key initiatives/leaders in the Early Childhood space	<ul style="list-style-type: none"> • Head Start • SNAP • Shodair • Florence Crittenton • AWARE • Intermountain • Boyd Andrew • PureView • Childcare Connections • Family Outreach • Food Share and Kid Packs

	<ul style="list-style-type: none"> • Early Childhood Coalition • Elevate MT-Helena Affiliate for ACEs/Trauma Informed • Superintendent of Schools • School nurses • 0-5 Initiative-school readiness, next steps • St. Pete's and Lewis and Clark Public Health • Early Childhood Funders group-Town Pump, Washington, Montana Healthcare Foundation etc • Federal Reserve Research on early childhood • Lewis and Clark County-Criminal Justice Services Dept • No Kid Hungry (state) and local coalition • Headwaters Grant • Healthy Mothers, Healthy Babies • CASA • STARS to Quality • Joining community forces
	Proposed focus areas for action:
Childcare (22 total votes)	<ul style="list-style-type: none"> • Safe/affordable child care preschool***** • Establish high quality public childcare-get rid of deserts happening in Montana • All aspects of childcare-cost/quality* • Access to affordable/standardized daycare****
ACEs/Trauma Informed (16 total votes)	<ul style="list-style-type: none"> • Community wide understanding of ACE's and building a trauma informed community***** • ACEs • ACEs/1 significant adult • ACE's education to all • Trauma-informed community***
Housing and income (11 votes total)	<ul style="list-style-type: none"> • Safe, affordable housing***** • Housing-safe, warm, not in a floodplain***** • Housing • Income inequality-housing-safe and affordable • Poverty trap-black and white definition of poverty • Housing for all
Systems issues (9 votes)	<ul style="list-style-type: none"> • Collective impact • Easy front door access for EC without stigma*****
Child abuse/perinatal mental health (7 total votes)	<ul style="list-style-type: none"> • Decrease child abuse and neglect *** • Abuse and Neglect (perinatal mental health)** • Maternal mental health**
Environmental health (6 votes total)	<ul style="list-style-type: none"> • Air quality, water, contaminants exposure, clean environment (garbage, home environment)*****
Nutrition and Physical Activity (6 total votes)	<ul style="list-style-type: none"> • Nutrition-obesity inactivity***** • Access to nutrition-cost transportation, education • Nutrition/hunger*
Parent education (4 total votes)	<ul style="list-style-type: none"> • Parental/prenatal education-Family Consumer Sciences****
School readiness (0 total votes)	<ul style="list-style-type: none"> • School readiness (kindergarten) • School readiness
Immunizations (0 total votes)	<ul style="list-style-type: none"> • Immunization/literacy

Behavioral Health

Overview of Behavioral Health Data	Presentation of data from the Community Health Report and other sources (see slides)
Overview of Key Behavioral Health Initiatives	<ul style="list-style-type: none"> • Lewis and Clark County Mental Health Local Advisory Council-Jill Steeley-see slides • Suicide Prevention Coalition-Jess Hegstrom • Greater Helena Area Housing First-Corbin Bruusrema
Behavioral Health Community Assets	<ul style="list-style-type: none"> • Awareness to the community situation-growing awareness of the environment on people's mental/behavioral health • Increased awareness of LGBTQ • Data sharing agreements and health system affiliations • Integrated behavioral health with primary care • Increased access to providers (Primary care, Florence Crittenton)-Mental health providers • Mental health LAC • Good conversation, strong community involvement • Agencies-all stakeholders involved, lots of positive • Medication assisted treatment for opioid use disorders • Insurance coverage for behavioral health services • Social media (Man Therapy) • Telehealth (x2)-providers more access to specialty services in rural communities • Increased behavioral health in jails
Behavioral Health Community Challenges/Barriers	<ul style="list-style-type: none"> • No alternative mainstream education • Lack of education around mental illness • No health information exchange in Montana • Exposure to air pollution (wood smoke)-positively associated with increased psychological distress • Safe/quality environments (housing, air quality community) hinder people's overall well being • Landlords not accepting housing vouchers • Nutrition • Lack of activities for youth interaction • Opioid epidemic-substance abuse • Technology challenges • Social media • Capacity • Lack of long term care or access to quality mental health care • Capacity and access to SUD and mental health services-funding • Loss of intensive case management • Transportation • MT licensing process for BH clinicians • Not enough mental health providers, then retaining • Inability to retain good quality employees-lack of funds for salary increases, licensing barriers • Not enough specialty providers-people have to travel long distances • Rural state-travel, access to services

	<ul style="list-style-type: none"> • Funding-not enough funding • Case management reimbursement rates • Insurance parity • LCPC's and LAC's can't bill for Medicare clients • Waitlists for providers/therapists • Waitlists for providers/therapists • Lack of access to inpatient treatment (no space, no \$) follow-up • Stigma (X3), peer influence/pressure, siloed programs, need for education barriers to physical activity, stigma against mental illness and presenting for services • Public response to suicide-youth, military • Opt-in mental health screening in high school • My normal (failure to see the need for care) • Suicide-isolation, access to firearms, substances for abuse, impact on others • Single parent households, financial stress, roles, mental health • Disjointed family dynamics
Other key initiatives/leaders in the Behavioral Health Space	<ul style="list-style-type: none"> • AWARE coalitions • Intermountain • Shodair • Man Therapy • Childwise/Elevate Montana • JCF, VA, Faith Based Orgs • NAMI • YMCA • Healthy Communities Coalition • Journey Home • Center for Mental Health • Youth Dynamics • Florence Crittenton • Public Health Department • Helena Indian Alliance • Drop-In Center • PureView-Psychiatric NP, LCSWs (pediatric and adult), case management, LAC, physician specialized in opioid abuse and Hep C
Proposed focus areas for action	
Prevention (29 votes total)	<ul style="list-style-type: none"> • Community connectedness/compassion***** • Resiliency for all • Access to activity (physical, social)***** • Early prevention and intervention (ie Aces (trauma informed) • Prevention of youth substance use (vaping drinking)** • Change the culture of alcohol-education, marketing outreach, restrict access, enforcement/penalties • Access to necessities-food, mental care and exercise • ACEs and Education*** • Raising awareness-resources, signs. symptoms/prevention broader impacts*** • Community wide education and training on mental health prevention

Screening (15 votes total)	<ul style="list-style-type: none"> • Universal screenings (Primary Care/Schools)***** • Screening for substance abuse and mental health
Reduce stigma (11 votes total)	<ul style="list-style-type: none"> • Reduction of stigma**** • Education and stigma reduction***** • Reducing stigma • Break down stigma-groups based on demographics, marketing, outreach)*
Improve the system for access to care (10 votes total)	<ul style="list-style-type: none"> • Access and capacity***** • Collective impact • Increase collaboration to decrease the cost • Thoughtful funding • Increased capacity and access to brain health providers** • Increase behavioral health providers-increase education in Montana, special emphasis areas, licensed addiction counselors
Suicide prevention (4 votes total)	<ul style="list-style-type: none"> • Suicide prevention* • Increase Man Therapy and other outreach efforts (teens, mothers, children)***
Housing and environment (4 votes total)	<ul style="list-style-type: none"> • Supportive housing** • Environment0housing, air quality, clean water** • Housing-better access for homeless
Referrals	<ul style="list-style-type: none"> • Referral system-211, CONNECT** • Connection to services in our own community
Crisis response (0 votes)	<ul style="list-style-type: none"> • Crisis response (high needs-nobody can serve)
Treatment (0 votes)	<ul style="list-style-type: none"> • Local substance abuse treatment • Inpatient care-more providers and/or spaces

Wrap up and Conclusion: Next meeting Monday, March 4th